

# Our Lady of Las Vegas Confirmation II 2018-2019

High School Confirmation Registration Form  
All Classes are on Sundays

Details for the confirmation II program and requirements will be given at the Required Meeting on Sunday August 26, 2018 at 3:30 P.M. in Bevan Hall. All students and parent/guardian are required to attend.

To register turn in the following by August 15, 2018

1. This registration form completely filled out. (Both sides, Please Print)
2. All requirements from confirmation II must have been met before registration
3. The registration fee. (see below)

Confirmation Registration Fees:

\$150.00 for all Confirmation I Students. Fee's needs to be paid in full before classes' starts.

Confirmation fees do not include retreat fees. These must be paid at the time of registering for an individual retreat.

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (parents) Date of Birth: \_\_\_\_\_ Male / Female

Parents E-mail: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ (Fall of 2018)

## Student's Sacramental Information

Sacraments Received:                      Location (Church/City/State)

\_\_\_ Baptism                                      \_\_\_\_\_

\_\_\_ First Communion                                      \_\_\_\_\_

### Office use only

Paid: \_\_\_\_\_ Birth Cert: \_\_\_\_\_ Sponsors: \_\_\_\_\_ Retreat \_\_\_\_\_

Date: \_\_\_\_\_ Baptism: \_\_\_\_\_ Sponsors Church Letter: \_\_\_\_\_

Check # \_\_\_\_\_ FHC: \_\_\_\_\_ Confirmation Name: \_\_\_\_\_

**Parent/Guardian Information**

Mother/Guardian 1:

Father/Guardian 2:

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Birth Father's Name (if different): \_\_\_\_\_

Do you live with the student? Yes No

Do you live with student? Yes No

E-mail \_\_\_\_\_

E-Mail \_\_\_\_\_

**Parents:** "As the primary educators of their children, parents, along with sponsors, are to be intimately involved in catechesis for Confirmation. This will help them renew and strengthen their own faith, besides enabling them to set a better example for their children." (National Catechetical Directory #19 U.S. Conference of Catholic Bishops)

**Parents are asked to be involved in helping with at least one area of the Confirmation Preparation.** Please be assured that we will provide you with any training you may need for any of the areas listed.

- Help with any aspect of our retreats (set up, registration, kitchen/food prep, guest speaker, donations, clean up)
- Helping with service projects (set up, possibly drive, clean up)

**Parental Permission to Receive the Sacrament of Confirmation**

I, \_\_\_\_\_ (your name), give my child \_\_\_\_\_ (teen's name) permission to receive the Sacrament of Confirmation at Our Lady of Las Vegas Catholic Church.

\_\_\_\_\_  
*Signature(s) and Date (both parents if applicable)*

Does any other person, parent or otherwise, have joint-custody or other legal rights that require us to seek their permission for the above mentioned teen to receive the Sacrament of Confirmation?

YES NO

\_\_\_\_\_  
*Signature*

**Medical Information Form:**

*We ask for the following medical information in the case of an emergency.*

All Special Medical Needs/Concerns/Allergies...

\_\_\_\_\_

Health Insurance Information:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name on Policy: \_\_\_\_\_ Physician: \_\_\_\_\_

Emergency Contacts (please list two other than parents):

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone: \_\_\_\_\_

**Our Lady of Las Vegas • Religious Education office**  
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